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| GUX | | RODRIGUEZ LISA MARIE | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER 1:05-000039-007 | 5. APPEALS DKT./DEF. NUMBER |
| 7. IN CASE/MATTER OF (Case Name) U.S. v. RODRIGUEZ | | 8. PAYMENT CATEGORY Felony | 9. TYPE PERSON REPRESENTED Adult Defendant |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE | | 10. REPRESENTATION TYPE (See Instructions) Criminal Case | |

FILED

DISTRICT COURT OF GUAM

JUN - 1 2005

MARY L.M. MORAN
CLERK OF COURT

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| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Civile, G. Patrick CIVILLE AND TANG, PLLC 330 HERNAN CORTEZ AVENUE SUITE 200 HAGATNA GU 96910 Telephone Number: (671) 472-8868 | 13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ <u>Leilani R. Toves Hernandez</u> 06/01/2005 Date of Order: 05/27/2005 Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO |
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14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)
 Amy 6-1-05
ACKNOWLEDGED RECEIPT
 By: [Signature]
 Date: 06/01/05

| CATEGORIES (Attach itemization of services with dates) | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH ADJUSTED HOURS | MATH/TECH ADJUSTED AMOUNT | ADDITIONAL REVIEW |
|--|--|----------------------|--------------------------|---------------------------|-------------------|
| In Court | 15. a. Arraignment and/or Plea | | | | |
| | b. Bail and Detention Hearings | | | | |
| | c. Motion Hearings | | | | |
| | d. Trial | | | | |
| | e. Sentencing Hearings | | | | |
| | f. Revocation Hearings | | | | |
| | g. Appeals Court | | | | |
| | h. Other (Specify on additional sheets) | | | | |
| (Rate per hour = \$) TOTALS: | | | | | |
| Out of Court | 16. a. Interviews and Conferences | | | | |
| | b. Obtaining and reviewing records | | | | |
| | c. Legal research and brief writing | | | | |
| | d. Travel time | | | | |
| | e. Investigative and Other work (Specify on additional sheets) | | | | |
| (Rate per hour = \$) TOTALS: | | | | | |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | | |
| 18. Other Expenses (other than expert, transcripts, etc.) | | | | | |

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| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____ | | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | 21. CASE DISPOSITION |
|---|--|--|----------------------|

22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment
 Have you previously applied to the court for compensation and/or reimbursement for this case? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO
 Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.
 I swear or affirm the truth or correctness of the above statements.
 Signature of Attorney: _____ Date: _____

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| 23. IN COURT COMP. | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMT. APPR / CERT |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER | | | DATE | 28a. JUDGE / MAG. JUDGE CODE |
| 29. IN COURT COMP. | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. | | | DATE | 34a. JUDGE CODE |